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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 01/13/2010 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. STETINA BRUNDA GARRED & BRUCKER 75 ENTERPRISE, SUITE 250 ALISO VIEJO, CA 92656 (Depositor's name) (Signature (Date) CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE NOTAR-033US 8123 Veronica Bordoni 02/10/2006 10/568.194 TITLE OF INVENTION: CONDITIONED CELL CULTURE MEDIUM, METHOD TO OBTAIN THE SAME AND USE OF IT FOR MAINTENANCE, PROLIFERATION AND DIFFERENTIATION OF MAMMALIAN CELLS TOTAL FEE(S) DUE DATE DUE PREV. PAID ISSUE FEE PUBLICATION FEE DUE SMALL ENTITY ISSUE FEE DUE APPLN, TYPE 04/13/2010 \$1055 \$0 \$300 YES \$755 nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 1651 435-325000 KOSAR, AARON J STETINA BRUNDA 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys CER 1.363). GARRED & BRUCKER ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) INSTITUTO NAZIONALE PER LE MALATTIE ROMA, ITALY Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗹 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. ✓ Assue Fee Payment by credit card. Form PTO-2038 is attached. 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Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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